Interpretive Guidelines
Mental Health Community Services Standards, Chapter 412, Subchapter G
§412.320. Assertive Community Treatment (ACT).

Standard	Criteria	Interpretive Guide, Surveyor Guide & Technical Assistance
412.320(a) ACT service delivery. The provider of ACT services must deliver ACT services in accordance with the following requirements. 412.320(a)(1) The ACT staff function as a team and maintain full responsibility for the consumer's continuity of services, psychiatric services, counseling, housing support services, substance abuse treatment, employment support services, and rehabilitative services with minimal referrals to other providers of mental health community services.	1) Services are provided within the ACT Team, with minimal referrals to other MH programs. 2) There is evidence that all consumers receiving ACT services are familiar to all team members. 3) There is evidence that all Team members work with all consumers as clinically indicated.	**Interpretive Guide:** • All services, including psychiatric services, supported housing and supported employment, should be addressed within and by the team and through the modalities characteristic of ACT (e.g., mobile, in-vivo, flexible services corresponding to individual need). • The only routine referrals to services outside the ACT team should be for inpatient hospitalization or residential services such as crisis resolution or respite (not supported housing). Non-psychiatric medical problems and needs must also be brokered by referral. • All staff should be able to work with and should know the current status of all ACT consumers updated on a daily basis. **Surveyor Guide:** Perform staff interviews presite when possible. Arrange to attend an ACT team meeting onsite. Observations of the meeting will answer a number of questions. The clinical record review should reflect adherence to criteria. Finally, travel with an ACT team member to deliver services in the community or participate in any other way for which you have time onsite. **Technical Assistance:** None
412.320(a)(2) All ACT team members on duty meet daily to review the status of each consumer, communicate the outcomes of recent services, and plan and prioritize services and activities for the day.	1) The ACT team meets daily to communicate with each other, review each consumer's status, and plan services for each consumer.	**Interpretive Guide:** • Team members in the daily staffing should demonstrate working day-to-day awareness of the consumers' status. • Daily staff assignments, activity logs, and clinical documentation should reflect participation by all team members in services to all consumers as indicated by need. • "Each consumer" means each and every consumer, even if only briefly. Time management with regard to staffing and discussion of consumers' status and needs should be prioritized by consumer need. **Surveyor Guide:** The original "ACT Model" as required and implemented by the state included a requirement for the team to keep minutes or notes of each team meeting,

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		so as to track staff time and daily assignments, and to create a record of team activities. Start the survey by requesting to see these minutes/notes. If the team keeps no such documentation, the surveyor must arrange to attend an ACT team meeting in order to observe whether the team complies with this requirement. **Technical Assistance:** Many teams use an erasable board for daily assignments and a log to document each day's meeting, much like a "change of shift" log at an inpatient facility. Other teams use a notebook or Kardex system. The log is intended to support team members who are on leave in maintaining current and accurate knowledge of all the consumers served on the team.
412.320(a)(3) ACT services are need-based rather than time-limited and consumers are not transferred to a lesser level of care while they still need ACT services.	1) Services are need-based versus time-limited. 2) No consumer is discharged or transferred to a lesser level of care unless he/she meets the ACT discharge criteria.	**Interpretive Guide:** • The admission to ACT services, the services provided through the ACT modality, and decisions about the duration/termination of ACT should be based on the clinical assessment of need as seen from the values inherent in the ACT model. • Discharge criteria should emphasize the clinical assessment of response to treatment, improved functioning and quality of life, and the need or expressed desire for less intensive treatment alternatives. No consumer should be discharged due to multiplicity or severity of symptoms, "non-compliance," or being difficult to serve. **Surveyor Guide**: Although original requirements included the performance of both the Uniform Assessment and the SCID, the SKID is no longer required. The surveyor should look for a copy of any in-depth assessments used by the LMHA or MMCO and providers to assess the individual's needs for intensive ACT services. Ask to see a copy of the assessment instrument used by the LMHA or MMCO to determine that the individual no longer needs these intensive services. If the system is less formal, be sure that the LMHA or MMCO has specific written criteria and some equitable means of application to determine readiness for discharge from ACT services. Look throughout for the identification of specific needs stated clearly. Without consistent admission and discharge criteria, the LMHA and MMCO cannot meet this standard. **Technical Assistance:** Specific written guidelines or criteria for admission to and discharge from ACT help prevent inappropriate referrals from other provider staff, such as "difficult" individuals and/or individuals with primary Axis II diagnoses. For consultation on Specialized ACT services, call Behavioral Health Services.
412.320(a)(4) The majority of ACT services are delivered one-on-one to the consumer while the consumer is in the community (e.g., in the	1) Most services are delivered one-on-one, i.e., one staff to one consumer. 2) At least 80% of direct services are provided out of	**Interpretive Guide**: This requirement is self-explanatory and is an original requirement of the ACT Model as mandated and implemented by the state. **Surveyor Guide:** Ideally, the LMHA/MMCO has a means of data collection through its MIS system which will confirm or support adherence to this requirement. Otherwise, the surveyor will need to determine compliance through review of clinical records.

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consumer's home, neighborhood park, grocery store, restaurant).	the office.	Look for situations in which other team members are having to compensate for the unavailability of other staff, i.e., staff must bring an individual to the office in order to see the ACT physician or the RN, or other similar time-consuming efforts to access staff or services. **Technical Assistance:** None.
412.320(a)(5) The ACT team provides support and skills training for the consumer and the consumer's natural support system (e.g., family members, LAR, landlord, employer).	1) There is evidence that skills training and supports are provided to the consumer. 2) There is evidence that, whenever appropriate and with consent, the ACT team provides support and skills training for the consumer's natural support system: • family • other significant people in the consumer's life • landlords • employers.	**Interpretive Guide:** 1) The ACT team should provide "wrap-around" services, including all supports and skills training as needed and appropriate to facilitate improved quality of life and the expectation of recovery, which requires that: 2) Supports and skills training services are extended to members of the consumer's natural support system. These supports include, but are not limited to providing information about the individual's illness and treatment, information about what to do in case of crisis, guidance about how to approach and support the individual, how to access services in the community, or any other supports or skills training. **Surveyor Guide**: Watch for services which appear to be only "glorified case management" rather than truly inclusive "wrap-around" services. Look for documented efforts to offer skills training to any of the individuals listed in the criterion 2. Ideally, progress notes, treatment plan reviews, and minutes/notes from daily team meetings should document these efforts. **Technical Assistance:** Those who perform this function well have forms which require documentation of efforts to assess and provide supports and skills training for individuals in the support system. This investment of time and effort very often result in engaging long-term support for individuals living in the community.
412.320(b) Crisis and hospitalizations. The provider of ACT services must: 412.320(b)(1) have 24-hour responsibility and availability for managing the consumer's psychiatric crisis;	1) The ACT team covers and manages psychiatric crisis events involving ACT consumers. 2) The coverage is provided 24 hours a day.	**Interpretive Guide:** At least one ACT staff member should be on-call at all hours days, nights, and weekends to address the problems of ACT service recipients in crisis. They may be accessed through the LMHA/MMCO's crisis hotline, if appropriate, but should be the primary care giver during crisis, and should not provide crisis response services to non-ACT consumers. This involvement should occur for both local and state hospitalizations. **Surveyor Guide:** Procedures, observed practice, clinical documentation, and interviews with staff and consumers should reflect that crisis intervention and resolution are the purview of ACT team staff. Review of this criterion should be coordinated with

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		the surveyor of crisis response services, including telephone and face-to-face accessibility of ACT staff after hours. **Technical Assistance:** Any ACT staff without a bachelors degree does not meet the definition of a QMHP-CS and, therefore, cannot provide the face-to-face crisis assessment. They may provide rehabilitation interventions for persons in crisis.
412.320(b)(2) coordinate or be involved in all hospital admissions of the consumer; and	1) The ACT team covers and manages psychiatric hospitalization/s of ACT consumers.	**Interpretive Guide:** The ACT team should know when an individual receiving ACT services is being considered for inpatient treatment, so as to have the opportunity to divert admission if appropriate and/or offer alternatives. This requires a system by the LMHA/MMCO through which the team is notified of all crisis calls from an ACT recipient. This involvement should occur for both local and state hospitalizations. **Surveyor Guide:** Procedures, observed practice, clinical documentation, and interviews with staff and consumers should reflect that crisis intervention and resolution, including hospitalization when appropriate, are the responsibility of ACT team staff. Review of this criterion should be coordinated with the surveyor of crisis response services, including telephone and face-to-face accessibility of ACT staff after hours. **Technical Assistance:** None.
412.320(b)(3) be involved in all hospital discharges of the consumer.	1) The ACT team is involved in the joint discharge planning and follow-up for ACT consumers who have been psychiatricly hospitalized..	**Interpretive Guide**: Ideally, the ACT team maintains contact with the individual and the inpatient provider, public or private, throughout the hospitalization. Discharge planning should adhere to SA requirements for Continuity of Services. Follow-up should meet requirements in the Performance Contract. This involvement should occur for both local and state hospitalizations. **Surveyor Guide:** Procedures, observed practice, clinical documentation, and interviews with staff and consumers should reflect that ACT team staff participate in joint discharge planning and provide the follow-up for ACT consumers released from inpatient facilities. **Technical Assistance:** None.
412.320(c) Consumer-to-staff ratio. The provider of ACT services must maintain, for each ACT team, a consumer-to-staff ratio of no more than 10 consumers to one full-time team member, excluding the psychiatrist and any administrative staff.	1) The provider of ACT services must ensure that for each ACT team, a consumer-to-staff ratio of no more than 10 consumers to one full-time team member is maintained. The psychiatrist and any administrative staff assigned to the program may not be	**Interpretive Guide**: The consumer-to-staff ratio should be reduced when indicated by the needs of special populations and geographic areas to be covered. It cannot be increased. All staff members are considered to be full time except the psychiatrist. **Surveyor Guide:** Review information about how the LMHA tracks compliance and determines non-compliance by the provider. Evaluate other responsibilities which ACT team staff carry. Review of job descriptions, interviews, and progress notes can assist

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The consumer-to-staff ratio must take into consideration evening and weekend hours, the needs of special populations, and geographic areas that are covered.	counted in calculating the ratio. 2) The consumer-to-staff ratio should be risk adjusted and take into consideration: • evening and weekend hours • the needs of special populations • geographic areas to be covered	in determining if the ratio is accurate. Look for evidence throughout the review that ACT services are consistently provided evenings and weekends by ACT staff. **Technical Assistance:** None.
412.320(d) ACT team staffing requirements. The provider of ACT services must meet, for each ACT team, the following minimum staffing configuration. 412.320(d)(1) An ACT team has a minimum of four hours per week of dedicated psychiatrist time per 20 consumers served by the team. (The psychiatrist is an integral team member.)	1) An ACT team has: • a minimum of four hours per week of dedicated psychiatrist time • per 20 consumers served by the team.	**Interpretive Guide**: To practice with fidelity to the ACT model, and to fully meet this standard, all services, including psychiatric services, should be addressed within the team and through the modalities characteristic of ACT (e.g., mobile, in-vivo, flexible services corresponding to individual need). The psychiatrist's time is provided weekly. **Surveyor Guide**: An office-based physician is acceptable for ACT only if they are always accessible to ACT staff and consumers, and if all other services up to 80 % are provided in-vivo in the community. Watch for efforts ACT staff must make to access their physician, and review the ACT physician's schedule. Compliance is determined mostly through review of clinical records. **Technical Assistance:** The role of the psychiatrist is as provider as well as team coach.
412.320(d)(2) An ACT team has at least one full-time registered nurse.	1) The ACT team has at least one registered nurse who works full-time as part of the team.	**Interpretive Guide:** • Full time is defined as 40 hours per week. Other arrangements which fulfill the intent of the standard may be acceptable. Employment of an LVN does not meet this standard. • To practice with fidelity to the ACT model, and to fully meet this standard due to the medical nature of severe psychiatric illness, and the intensity of nursing services required, ACT team registered nurses should not serve as both the team leader and the RN responsible for clinical service delivery. **Surveyor Guide:** Coordinate the review of these staff criteria with the surveyors of

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		credentialing and quality management. Be sure that credentialing records for ACT staff are specifically reviewed and meet the requirements. **Technical Assistance:** The RN providing clinical services may not also serve as the team leader.
412.320(d)(3) At least 75% of the ACT team staff are licensed or have at least a bachelor's degree.	1) At least 75% of the ACT team staff are: • licensed or • have at least a bachelor's degree.	**Interpretive Guide:** At least three fourths of the staff on the team must have at least a bachelor's degree or hold a license. This ratio does not include the psychiatrist who works with the team. **Surveyor Guide:** Coordinate the review of these staff criteria with the surveyors of credentialing and quality management. Compliance with this standard can to be determined through the credentialing and/or quality management survey process. **Technical Assistance:** Any ACT staff without a bachelors degree does not meet the definition of a QMHP-CS and, therefore, cannot provide the face-to-face crisis assessment. They may provide rehabilitation interventions for persons in crisis.
412.320(d)(4) An ACT team includes at least one staff who has and maintains expertise in accessing affordable community housing (e.g., Housing and Urban Development's Section 8 program).	1) The ACT team includes at least one staff who has and maintains expertise in accessing affordable community housing (e.g., Housing and Urban Development's Section 8 program).	**Interpretive Guide:** Expertise is defined and determined through the local authority's credentialing and competency system. One staff member may fill more than one required competency as long as staff-to-consumer ratios are met. The individual should not be referred to Supported Housing services outside of ACT. One person on the team must have documented expertise in accessing affordable housing. **Surveyor Guide**: Coordinate the review of these staff criteria with the surveyors of credentialing and quality management. Compliance with this standard can be documented through the credentialing and/or quality management survey process. Review of job applications or training records often demonstrate this competency. **Technical Assistance:** None.
412.320(d)(5) An ACT team includes at least one staff who has at least one year of experience and training in substance abuse treatment.	1) An ACT team includes at least one staff who has at least one year of experience and training in the provision of substance abuse treatment.	**Interpretive Guide:** The criterion is self-explanatory. The requirements in the standard speak to competencies, not distinct individuals. One staff member may fill more than one required competency as long as staff-to-consumer ratios are met. The staff person with expertise in substance abuse treatment should act as the team consultant for identified substance abuse problems and treatment issues. **Surveyor Guide:** Coordinate the review of these staff criteria with the surveyors of credentialing and quality management. Compliance with this standard can be documented through the credentialing and/or quality management survey process. Review of job applications or training records often demonstrate this competency. **Technical Assistance:** As with other services the ACT team's role is to provide training and support to integrate the consumer into the community and its resources such as local AA groups or NA groups or other local treatment options that are

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		appropriate.
412.320(d)(6) An ACT team includes at least one staff who has at least one year of training and supervised experience in delivering vocational rehabilitation and support services.	1) An ACT team includes at least one staff who has at least one year of training and supervised experience in delivering vocational rehabilitation and support services.	**Interpretive Guide**: The criterion is self-explanatory. The requirements in the standard speak to competencies, not distinct individuals. One staff member may fill more than one required competency as long as staff-to-consumer ratios are met. The individual should not be referred to Supported Employment services outside of ACT. **Surveyor Guide:** Coordinate the review of these staff criteria with the surveyors of credentialing and quality management. Compliance with this standard can be documented through the credentialing and/or quality management survey process. Review of job applications or training records often demonstrate this competency. **Technical Assistance:** None.